Clerk of the Marion Circuit and Superior Courts **Child Support Account Information**

Child Support Account #:	Submitted by:	Date Submitted:/
Protective Order	Cause Number:	Effective Date:/
Name: Non-Custodial Parent / Person (Pavor) Name:	Child Support Account #:	□Original □Modification □Termination
Name: Non-Custodial Parent / Person (Pavor) Name:	□ Protective Order	☐ Medical Assistance
Name: S.S.N		
Address: S.S.N	Non-Custodia	al Parent / Person (Payor)
City: State/ZIP: Ethnic Group: Atty:	Name:	□ Male □ Female
City: Phone (Address:	
State/ZIP:		D.O.B/
Payments will be made through: Employer	City:	
Payments will be made through: Employer Electronic Funds Transfer Mail/ In Person Comments:	State/ZIP:	
Comments: Custodial Parent / Person (Payee) Name: Male Female		
Name: Address: D.O.B/ D.O.B/ City: Phone () State/ZIP: Ethnic Group: Atty: Recipient will receive payments through: Comments: Obligation Information Current Payment: Attorney's Fees: \$ Medical Support: \$ Arrearage Payment: \$ Spousal Support: \$ Blood Test: \$ Delinquency Payment: \$ Spousal Support: \$ Blood Test: \$ Other (specify): \$	Payments will be made through: Employer Comments:	☐ Electronic Funds Transfer ☐ Mail/ In Person
Name: Address: D.O.B/ D.O.B/ City: Phone () State/ZIP: Ethnic Group: Atty: Recipient will receive payments through: Comments: Obligation Information Current Payment: Attorney's Fees: \$ Medical Support: \$ Arrearage Payment: \$ Spousal Support: \$ Blood Test: \$ Delinquency Payment: \$ Spousal Support: \$ Blood Test: \$ Other (specify): \$	_	
Name: Address: D.O.B/ D.O.B/ City: Phone () State/ZIP: Ethnic Group: Atty: Recipient will receive payments through: Comments: Obligation Information Current Payment: Attorney's Fees: \$ Medical Support: \$ Arrearage Payment: \$ Spousal Support: \$ Blood Test: \$ Delinquency Payment: \$ Spousal Support: \$ Blood Test: \$ Other (specify): \$	Custodial I	Parent / Person (Pavee)
Address: S.S.N		
D.O.B.	Addross	CCN
City: State/ZIP: Recipient will receive payments through: Comments: Obligation Information Current Payment: S Attorney's Fees: Arrearage Payment: S Spousal Support: Blood Test: Delinquency Payment: City: Ethnic Group: Atty: Check (mailed to address above) Check (mailed to address above)		
State/ZIP:	City:	
Recipient will receive payments through: Electronic Funds Transfer Check (mailed to address above)		
Recipient will receive payments through: Electronic Funds Transfer Check (mailed to address above)		
Current Payment: \$ Attorney's Fees: \$ Medical Support: \$ Arrearage Payment: \$ Spousal Support: \$ Blood Test: \$ Delinquency Payment: \$ Clerk Fee: \$ Other (specify): \$	Recipient will receive payments through: El Comments:	ectronic Funds Transfer
Current Payment: \$ Attorney's Fees: \$ Medical Support: \$ Arrearage Payment: \$ Spousal Support: \$ Blood Test: \$ Delinquency Payment: \$ Clerk Fee: \$ Other (specify): \$	_	
Current Payment: \$ Attorney's Fees: \$ Medical Support: \$ Arrearage Payment: \$ Spousal Support: \$ Blood Test: \$ Delinquency Payment: \$ Clerk Fee: \$ Other (specify): \$	Ohlia	ation Information
Arrearage Payment: \$ Spousal Support: \$ Blood Test: \$ Delinquency Payment: \$ Other (specify): \$	Oblig	ation information
Delinquency Payment: \$ Clerk Fee: \$ Other (specify): \$	Current Payment: \$ Attorn	ey's Fees: \$ Medical Support: \$
Frequency:	Delinquency Payment: \$ Clerk Fee:	S Other (specify): S
	Frequency: Weekly Bi-Weekly	Semi-Monthly
Dependent Information	Denei	ndent Information
Appropriate court orders must be attached.	Appropriate co	urt orders must be attached.

Use the reverse side to note any additional information.

Place a check "√" in this box if any additional information is on the reverse side:

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